Name in Full: Charles Atkinson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hudson — County: Dorchester

Date of death 1904: Month: Oct — Day: 5 — Age: Years: 90 — Months — Days

Sex: Male — Color or Race: Negro — Birthplace: Hells Point Md

Married, Single or Widowed: Widower — Occupation: Waterman

Name of Wife or Husband: —

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Unknown 179 — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: L A Stokes M D

Address: Cambridge Md R F D #5

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Anne Baker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Vienna — Town | Dorchester — County

Date of death 1904 | Month: Oct | Day: 21 | Age: Years 87 | Months — | Days —

Sex: female | Color or Race: Black | Birthplace: Vienna

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: widowed | Name of Wife or Husband: —

Father's Name: not known | Father's Birthplace: not known

Mother's Maiden Name: " " | Mother's Birthplace: " "

Name of person giving information: Levan Woolford | How related to deceased: not related.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephritis | How long: [illegible]

Immediate: 120 | How long

Are the name, age, sex, color, date and place correctly given above? yes | Signature of Physician: Wm Elliott

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A68818

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Applegarth — County: Dorchester

Date of death 1904 — Month: Oct — Day: 1st — Years: Age 0 — Months: 1 — Days: 21

Sex — Color or Race — Birth-place

Married, Single or Widowed: Mrs Faust — Occupation

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John W. Brannock — Father's Birthplace: Dorchester Co.

Mother's Maiden Name: Martha L. Dean — Mother's Birthplace: Dorchester Co.

Name of person giving In formation: John W. Brannock — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition — How long: about 40 days

Immediete: Gastro-Enteritis — How long: 1 week

105

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Houston M.D.

Address: Fishing Creek Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Harry Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge | County: Dorchester

Date of death: 1904 | Month: Apr | Day: 10 | Years: 3 | Months: — | Days: —

Sex: Male | Color or Race: Colored | Birthplace: Dor. Co. Md.

Occupation: — | Where Residing If not at place of death: —

Married, Single or Widowed: single | Name of Wife or Husband: —

Father's Name: Jno Cooper | Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Martha Clark | Mother's Birthplace: Dor. Co. Md.

Name of person giving Information: | How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever | How long:

Immediate: Exhaustion | How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Marion Christopher Phillips

Address: Cambridge Md. Undertaker

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Mary Dashiell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Taylors Island — County: Dorchester

Date of death — Month: Oct. — Day: 16 — Age: Years — Months: 2 — Days: 10

Sex: Female — Color or Race: Caucasian — Birthplace: Md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm. F. Dashiell — Father's Birthplace: Md.

Mother's Maiden Name: Mollie E. Mavy — Mother's Birthplace: Md.

Name of person giving Information: Wm. F. Dashiell — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 2 weeks

Immediate: Exhaustion — How long

151

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. K. Shriver Jr.

Address: Taylors Island, Dor. Co. Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Ruby Ivy Elsey

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Cambridge — County: Dorchester

Date of death: 1904 — Month: Oct. — Day: 14

Age — Years: 3 — Months: 6 — Days: —

Sex: Female — Color or Race: White — Birthplace: Dor. Co. Md.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Chas. Elsey — Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Lily Floyd — Mother's Birthplace: Dor. Co. Md.

Name of person giving In formation: Lily Elsey — How related to deceased: Mother

CAUSES OF DEATH

Primary: Pneumonia — How long: 4 days

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Guy Steele

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A86516

Name In Full

Certificate of Death

Mary E Gordon

Died ~~at~~ near Town Cambridge County Dorchester MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Oct	15	34			Pa	Housewife

Date 1964

~~Male~~ / Female — White — ~~Colored~~ — Married / ~~Single~~ / ~~Widow~~ / Widower / Divorced

Number of children living 5

Husband of Wife E W Gordon

Father's Name James Riley

Mother's Maiden Name Sarah A. McGinn

Ceuse of Death — Primary: Typhoid Fever. — Immediate: Perforation of Bowel \.

How long sick 16 days —

Accident, Suicide, Homicide

Reported by B W Goldsborough

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: Elizabeth A. Hoyumd

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Wangels County: Somerset

Date of death 190 Month: Oct Day: 13 Age: Years 32 Months 6 Days 29

Sex: Female Color or Race: White Birthplace: Virginia

Occupation: Housewife Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Frank H. Hoyumd

Father's Name: Henry Wilkerson Father's Birthplace: Virginia

Mother's Maiden Name: Ronie A. Stort Mother's Birthplace: Virginia

Name of person giving Information: Ronie L. Hoyumd How related to deceased: Sister.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Pneumonia Typhoid How long: 48 hours.

Immediate: 4 How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. A. Jones

Address: Loyds Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Emma Haywood

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Vienna — County: Dorchester

Date of death: Month: Oct — Day: 7 — Year: 1904 — Age: Years: 1 — Months: 3 — Days: 2

Sex: Female — Color or Race: Black — Birthplace: Vienna

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jas Haywood — Father's Birthplace: Vienna

Mother's Maiden Name: Mr Coleman — Mother's Birthplace: Vienna

Name of person giving information: D. Jones. — How related to deceased: not related.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of lungs. 27 — How long: [illegible]

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W R Elliott.

Address: Vienna Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Martina Hayward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Vienna County: Dorchester

Date of death 1904: Month: Oct Day: 15 Age: Years 24 Months 2 Days 7

Sex: female Color or Race: Black Birthplace: Vienna

Occupation: servant Where Residing if not at place of death: —

Married, Single or Widowed: widowed Name of Wife or Husband: Jas Hayward

Father's Name: John Blake Father's Birthplace: Vienna

Mother's Maiden Name: Lizzie Coleman Mother's Birthplace: Vienna

Name of person giving Information: Frank Coleman How related to deceased: uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs How long: 2 months

Immediate: 27 How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. P. Elliott.

Address: Vienna

Accident or Suicide?

LIBRARY BUREAU A68818

Name in Full: Mary E. Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Cambridge — (County): Dorchester

Date of death: Month: Oct — Day: 10 — 1904

Age: Years: 35 — Months: — — Days: —

Sex: Female — Color or Race: Blk — Birthplace: Md.

Occupation: Work. — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Draper Jackson

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Lucinda Jackson — How related to deceased: Aunt.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: Don't know

Immediate: Exhaustion 27 — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E E Wolff

Address: Cambridge, Md.

Accident or Suicide?

LIBRARY BUREAU A38816

Name in Full: Joseph H Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Caulndge — County: Dorchester

Date of death: Month: Oct — Day: 10 — Year: 1904 — Age: Years: 66 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Dorchester Co. Md

Occupation: Lawyer — Where Residing if not at place of death: Caulndge Md

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Mrs Fanny W Johnson

Father's Name: Edward C. Johnson — Father's Birthplace: Dorchester Co Md

Mother's Maiden Name: Amelia Ross Wallace — Mother's Birthplace: Dorchester Co Md

Name of person giving Information: Mrs F. W. Johnson 79 — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cystitis & Mitral Regurgitation — How long: Some month

Immediate: Heart Failure — How long: a few minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D W Gallagher

Address: Caulndge Md

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Mary Ella Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke City | County: Worcester

Date of death: 1904 | Month: July | Day: 20 | Age: Years: 2 | Months: | Days: 29

Sex: Female | Color or Race: White | Birthplace: Md

Occupation: | Where Residing if not at place of death:

Married, Single or Widowed: | Name of Wife or Husband:

Father's Name: W. M. Jones | Father's Birthplace: Md

Mother's Maiden Name: Melissa Jones | Mother's Birthplace: Md

Name of person giving Information: Melissa Jones | How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: | How long:

Immediate: Gastro enteritis 105 | How long: 2 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ed Jones

Address: Pocomoke Md

Accident or Suicide?

LIBRARY BUREAU A68616

Name in Full: Susie Elva Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Butlerfield — County: Worcester

Date of death 1904: Month: Sept — Day: 24 — Age: Years: 3 — Months: — Days: 2

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: W^m M Jones — Father's Birthplace: Md

Mother's Maiden Name: Melissa Jones — Mother's Birthplace: Md

Name of person giving Information: Melissa Jones 105 — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long: —

Immediate: Gastro enteritis — How long: 2 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. A. Jones

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A38516

Name In Full

Certificate of Death

Mrs Mary Keenan

Died at Town Cambridge County Dorchester MARYLAND

Date 19 ~~Mch~~ 04 Month Oct Day 17

Age Y. 54 M. D.

Native of Scotland

Occupation Housewife

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

Widow Widower

Divorced

Number of children living 2

Husband of Wife Thomas E Keenan

Father's Name Don't Know

Mother's Maiden Name Don't Know

Cause of Death: Primary Phthisis Pulmonalis — How long sick 18 months

Immediate Exhaustion 27

~~Accident, Suicide, Homicide~~

Reported by B W Gobright

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full — Certificate of Death

Clarence H. Keene

Died at Town: Madison — County: Dorchester — MARYLAND

Date 1904 Month Oct. Day 5 | Age Y. 24 M. 6 D. | Native of Dor. Co. Md. | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name: Charles Keene — Mother's Name: Margaret Keene

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick: about a year

Immediate

~~Accident, Suicide, Homicide~~

Reported by: B. L. Smith M.D.

Address: Madison Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Orlan L. Mills

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Libertytown — County: Frederick

Date of death 1904	Month: Oct	Day: 14	Age: 43 Years	Months	Days
Sex: Male	Color or Race: White		Birthplace: Md		

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Unknown — Father's Birthplace:

Mother's Maiden Name: Unknown — Mother's Birthplace:

Name of person giving information: Winfield Mills — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pernicious Malaria — How long: 2 weeks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E A Jones

Address: Libertytown Md

Accident or Suicide?

LIBRARY BUREAU Add516

Name In Full

Certificate of Death

John W. Mobray

Died at Town: Cambridge County: Dorchester MARYLAND

Date 1904 Month: Oct Day: 1 | Age Y. 60 M. D. | Native of ~~Dorchester~~ Maryland | Occupation Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | Divorced | Number of children living 9

Husband / Wife of Annie J. Pattison

Father's Name Levin Mobray | Mother's Maiden Name Dorcas Mobray

Cause of Death — Primary: Dysentery. — Immediate: Exhaustion

How long sick: 10 days

~~Accident, Suicide, Homicide~~

14

Reported by B W Goldsborough

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full: Linda Parker

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Vienna — County: Dorchester

Date of death: 1904 — Month: Oct — Day: 19 — Age: Years 14 — Months 11 — Days 10

Sex: female — Color or Race: Black — Birthplace: Vienna

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Henry Parker — Father's Birthplace: Vienna

Mother's Maiden Name: Rosa Hawkins — Mother's Birthplace: Vienna

Name of person giving information: Henry Parker — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever — How long: Two weeks

Immediate: Acute myocarditis — How long: three days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. P. Elliott

Address: Vienna

Accident or Suicide?

LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Willy Perry

Died — Town: P.O. Cambridge — County: Dorchester

Date of death: 1904 Oct. 23 — Age: 24 Years — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Dr. Co. Md.

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: Levin J. Perry

Father's Name: Noble Morris — Father's Birthplace: Dr. Co. Md.

Mother's Maiden Name: Sarah Mitchell — Mother's Birthplace: Dr. Co. Md.

Name of person giving In formation: Levin J. Perry — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid fever — How long: 3 weeks days

Immediate: Intest. hemorrhage — How long: a few hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Guy Steele

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A668-16

Name in Full — Certificate of Death

Arthur W. Seymour

Died at — Town: Woolford — County: Dorchester — MARYLAND

Date 1904 — Month: Oct. — Day: 10 — Age: Y. 1, M. 2, D. — Native of — Occupation

Male ~~Female~~ — ~~White~~ Colored — Married Single — Widow Widower — Divorced — Number of children living

Husband of / Wife

Father's Name: George Seymour — Mother's Name: Effa Seymour

Cause of Death — Primary: Entero Colitis — How long sick: about 2 weeks

Immediate — ~~Accident, Suicide, Homicide~~

105

Reported by: B. L. Smith M.D.

Address: Madison Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Name in Full: John Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hurlock; County: Dorchester

Date of death 1904: Month: Oct'; Day: 5.

Age: Years: 46; Months: —; Days: —

Sex: Male; Color or Race: Colored; Birthplace: Md.

Married, Single or Widowed: Married; Occupation: Laborer

Name of Wife or Husband: Lizzie Smith

Father's Name: James R Smith; Father's Birthplace: Md

Mother's Maiden Name: Mary Brown; Mother's Birthplace: Md

Name of person giving information: Jane Homes; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phthisis; How long: 8 months

Immediate: Pulmonalis; How long: 8 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. J. Maguire

Address: Hurlock Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Hannah Stanley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baltimore — County: Baltimore Co

Date of death 190: Month: Oct — Day: 28 — Age: Years: 20 — Months: — Days:

Sex: Female — Color or Race: Colored — Birthplace: Baltimore Co

Married, Single or Widowed: Single — Occupation: Housemaid

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Adam Stanley — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Hollis — Mother's Birthplace: Md

Name of person giving information: Mistress — How related to deceased: Mistress

CAUSES OF DEATH

Consumption

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 4 weeks

Immediate: Supposed cerebral Hemorrhage — How long: Sudden

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Hurd

Address: Baltimore Md

Accident or Suicide?

LIBRARY BUREAU A28516

Name in Full: Bobbie Stewart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Vienna — County: Dorchester

Date of death: 1904 — Month: Oct — Day: 1.

Age: Years: 7 — Months: 11 — Days: 12

Sex: Female — Color or Race: Black — Birthplace: Vienna

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John H Stewart — Father's Birthplace: Vienna

Mother's Maiden Name: Celia Stanley — Mother's Birthplace: Vienna

Name of person giving In formation: John H Stewart — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever — How long: three weeks

Immediate: Intestinal Hemorrhage — How long: 48 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W P Elliott

Address: Vienna.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Helen Elizabeth Warren

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Church Creek — County: Dorchester

Date of death: 1904 October 2nd — Age: Years 1, Months 1, Days 14

Sex: Female — Color or Race: White — Birthplace: Dor. Co. Md.

Occupation: Infant — Where Residing if not at place of death:

Married, Single or Widowed: Infant — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Earl L. Warren — Father's Birthplace: Maryland

Mother's Maiden Name: Lola C. Jones — Mother's Birthplace: Dor. Co. Md.

Name of person giving Information: Helen Jones 95 — How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congestion Fever — How long: Two weeks

Immediate: Complete pulmonary congestion — How long: About four hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. L. Laithicum M.D.

Address: Church Creek, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: James. Westley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fort Leonard St | County: Dor

Date of death: 1904 | Month: Oct | Day: 28 | Age: Years: 26 | Months: 2 | Days: 16

Sex: Male | Color or Race: White | Birthplace: Dorchester

Occupation: Farmer | Where Residing if not at place of death: yes

Married, Single or Widowed: married | Name of Wife or Husband: Frank Coulbourn

Father's Name: Geo. Westley. | Father's Birthplace: Dorchester

Mother's Maiden Name: Madora Hockett | Mother's Birthplace: Dorchester

Name of person giving Information: Victor E. Kitch | How related to deceased: no

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typoid Fever | How long: 13 days

Immediate: Perforation Hemmorhage | How long: 2 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes | Signature of Physician: Victor E Kitch

Address:

Accident or Suicide?

1

LIBRARY BUREAU A66816

Name in Full

Nora V. Wiley

Certificate of Death

Died at Town Caulrope County Dorchester MARYLAND

Date 19 04 Month Oct Day 14 | Age Y. 2 M. 7 D. 14 | Native of Caulrope | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Neme Raymon L Wiley

Mother's Maiden Name Laura J North

Cause of Death — Primary Dysentery

Immediate Enteritis

How long sick 2 weeks

~~Accident, Suicide, Homicide~~

Reported by B W Goldsborough

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858